

**UNITED STATES COURT OF APPEALS  
FOR THE FOURTH CIRCUIT**

1100 East Main Street, Suite 501, Richmond, Virginia 23219

December 30, 2014

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**RULE 45 NOTICE**

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No. 14-7760, Milford Washington v. Michael Reed  
2:13-cv-00644-RBS-TEM

TO: Milford Washington

DEFAULT(S) MUST BE REMEDIED BY: 01/14/2015

Please take notice that the court will dismiss this case for failure to prosecute pursuant to [Local Rule 45](#) unless the default(s) identified below are remedied within 15 days of the date of this notice through receipt of the requisite form or fee in the appropriate clerk's office. Necessary forms are included with this notice and available at the court's web site, [www.ca4.uscourts.gov](http://www.ca4.uscourts.gov).

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**[X]** Your application to proceed without prepayment of fees under the Prison Litigation Reform Act has not been received. Your **Filing fee** must be paid to the the Clerk, U. S. District Court, or your **PLRA - Application to proceed under Prison Litigation Reform Act** and **PLRA - Consent to payment form** must be filed in this Court within 15 days or this appeal will be dismissed.

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**[X]** Your informal opening brief has not been received. Your **Informal opening brief** must be filed in this Court within 15 days or this appeal will be dismissed.

Cathy Tyree Herb, Deputy Clerk  
804-916-2702

**UNITED STATES COURT OF APPEALS  
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**PLRA APPLICATION  
TO PROCEED WITHOUT PREPAYMENT OF FEES**

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No. 14-7760,     Milford Washington v. Michael Reed  
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I, \_\_\_\_\_, being first duly sworn, depose and say that I am the \_\_\_\_\_, in the above-entitled case; that in support of my application to proceed without being required to prepay fees or give security therefor, I state that because of my poverty I am unable to prepay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress; and that the issues I desire to present in this case are the following:

I make this application with the understanding that I am liable under 28 U.S.C. Section 1915 for payment of the full filing fee and that the fee will be collected and paid from my prison trust account. I understand that if I have, while incarcerated, filed three or more prior actions or appeals which were dismissed by a federal court as frivolous, malicious, or for failure to state a claim, I am required to prepay the full fee unless I am under imminent danger of serious physical injury.

1. Have you filed, while incarcerated, three actions or appeals which were dismissed as frivolous, malicious, or for failure to state a claim? [ **Y**es [ **N**o

a. If the answer is yes, list the case numbers and names for all actions or appeals which were dismissed as frivolous, malicious, or for failure to state a claim.

b. If the answer is yes, state the facts in support of any claim that you are under imminent danger of serious physical injury.

2. Are you presently employed? [ **Y**es [ **N**o

a. If the answer is yes, state the amount of your salary or wages per month and give the name and address of your employer.

b. If the answer is no, state the date of your last employment and the amount of the salary and wages per month which you received.

3. Have you received within the past twelve months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest dividends, or other source? [ ☐ ]Yes [ ☐ ]No

a. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.

4. Do you own any cash or checking or savings accounts? [ ☐ ]Yes [ ☐ ]No

a. If the answer is yes, state the total value of the items owned.

5. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? [ ☐ ]Yes [ ☐ ]No

a. If the answer is yes, describe the property and state its approximate value.

6. List the persons who are dependent upon you for support and state your relationship to those persons.

7. Attach Consent to Collection of Fees from Trust Account form and give Trust Account Statement form to trust officer for completion and return to you. Forward completed Trust Account Statement to Court of Appeals.

I declare under penalty of perjury that the above information is true and correct.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

#### **CERTIFICATE OF SERVICE**

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I certify that on \_\_\_\_\_, I served a copy of this PLRA Application on all parties, addressed as shown [list parties' names and the addresses at which they were served below]:

Signature: \_\_\_\_\_

**UNITED STATES COURT OF APPEALS  
FOR THE FOURTH CIRCUIT**

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**CONSENT TO COLLECTION OF FEES  
FROM TRUST ACCOUNT FOR APPEAL**

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No. 14-7760, Milford Washington v. Michael Reed

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**FEE AMOUNT: \$505**

**PAYABLE TO:** Clerk, U.S. District Court

I, \_\_\_\_\_, # \_\_\_\_\_, hereby consent for the appropriate prison officials to assess and, when funds exist, collect an initial partial filing fee of 20 percent of the greater of:

(a) the average monthly deposits to my account for the six-month period immediately preceding the filing of my petition; or

(b) the average monthly balance in my account for the six-month period immediately preceding the filing of my petition.

I further consent for the appropriate prison officials to collect:

monthly payments of 20 percent of my preceding month's income and forward the payments to the Clerk, U.S. District Court, each time the amount in the account exceeds \$10 until the filing fee has been paid in full.

I understand that by signing this consent I agree to payment of the full filing fee from my trust account regardless of whether I later choose to dismiss my appeal or the court decides my appeal before the entire amount has been paid. I understand that once consent to the collection of fees has been given it cannot be withdrawn.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**UNITED STATES COURT OF APPEALS  
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**PRISONER TRUST ACCOUNT STATEMENT**

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No. 14-7760,     Milford Washington v. Michael Reed  
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**TO:** Trust Officer

**FROM:** Clerk, U.S. Court of Appeals for the Fourth Circuit

**RE:** \_\_\_\_\_ **(Prisoner Name/Reg.No.)**

Under the Prison Litigation Reform Act, a prisoner appealing a civil judgment must obtain from the trust officer of each institution in which the prisoner was confined during the preceding six months a certified copy of the prisoner's trust account statement for the six months prior to filing of the appeal. Please complete this form, attach the supporting ledger sheets, and return these documents to the prisoner for mailing to the Court of Appeals within 7 days.

<b>Date of Filing Notice of Appeal in Court of Appeals</b>	
<b>Balance at Time of Filing Notice of Appeal</b>	
<b>Average Monthly Deposits during 6 months prior to Filing Notice of Appeal</b>	
<b>Average Monthly Balance during 6 months prior to Filing Notice of Appeal</b>	

I certify that the above information accurately states the deposits and balances in applicant's trust account for the period shown and that the attached ledger sheets are true copies of account records maintained in the ordinary course of business.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT**  
**DIRECTIONS FOR INFORMAL BRIEF**

**1. Preparation of Brief.** The Court will consider this case according to the written issues, facts, and arguments presented in the Informal Briefs. Space is provided to present up to four issues. Additional issues may be presented by attaching additional sheets. The Court will not consider issues that are not specifically raised in the Informal Briefs. Informal Briefs must be legible and concise, and any attached pages must be sequentially numbered. Informal Briefs may be filed on the form provided or in memorandum or formal briefing format.

**2. Copies required.**

\* File the original of the Informal Brief with the Court. If you would like a file stamped copy returned, send an extra copy and a self addressed stamped envelope. The Court's address is:  
Clerk

U.S. Court of Appeals, Fourth Circuit  
1100 East Main Street, Suite 501  
Richmond, VA 23219

\* Send one copy of the Informal Brief to each of the parties in the case.

**3. Certificate of Service Required.** You must certify that you sent each of the other parties or attorneys complete copies of all documents you send the Court. Service on a party represented by counsel shall be made on counsel. Be certain that your certificate shows the complete name and address of each party or attorney to whom copies were sent and the date of mailing.

**4. Signature Required.** You must sign your Informal Brief and all Certificates of Service. If the Informal Opening Brief is not signed, the case will be subject to dismissal under this Court's Local Rule 45.

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT**  
**INFORMAL BRIEF**

No. 14-7760, Milford Washington v. Michael Reed

2:13-cv-00644-RBS-TEM

**1. Jurisdiction (for appellants/petitioners only)**

A. Name of court or agency from which review is sought:

B. Date(s) of order or orders for which review is sought:

**2. Timeliness of notice of appeal or petition for review (for prisoners only)**

Exact date on which notice of appeal or petition for review was placed in institution's internal mailing system for mailing to court:

**3. Issues for Review**

Use the following spaces to set forth the facts and argument in support of the issues you wish the Court of Appeals to consider. The parties may cite case law, but citations are not required.

**Issue 1.**

**Supporting Facts and Argument.**

**Issue 2.**

**Supporting Facts and Argument.**

**Issue 3.**

**Supporting Facts and Argument.**

**Issue 4.**

**Supporting Facts and Argument**

**4. Relief Requested**

**Identify the precise action you want the Court of Appeals to take:**

**5. Prior appeals (for appellants/petitioners only)**

A. Have you filed other cases in this Court? Yes ☐ No ☐

B. If you checked YES, what are the case names and docket numbers for those appeals and what was the ultimate disposition of each?



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Signature

[Notarization Not Required]

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[Please Print Your Name Here]

**CERTIFICATE OF SERVICE**

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I certify that on \_\_\_\_\_ I served a copy of this Informal Brief on all parties, addressed as shown below:

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Signature